

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		Application Number	09/586,601-Conf. #6153
		Filing Date	June 2, 2000
		First Named Inventor	Shuji ONO
		Examiner Name	N. T. Tran
		Art Unit	2622
TOTAL AMOUNT OF PAYMENT		(\$)	790.00
		Attorney Docket No.	3562-0103P

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <b>02-2448</b> Deposit Account Name: <b>Birch, Stewart, Kolasch &amp; Birch, LLP</b>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																						
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																						
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)															
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																
Utility	300	150	500	250	200	100																
Design	200	100	100	50	130	65																
Plant	200	100	300	150	160	80																
Reissue	300	150	500	250	600	300																
Provisional	200	100	0	0	0	0																
<b>2. EXCESS CLAIM FEES</b>																						
							<b>Small Entity</b>															
							<b>Fee (\$)</b>															
Each claim over 20 (including Reissues)							50															
Each independent claim over 3 (including Reissues)							200															
Multiple dependent claims							360															
							180															
<table style="width: 100%;"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____	_____	_____	<table style="width: 100%;"> <tr> <td colspan="2"><b>Multiple Dependent Claims</b></td> </tr> <tr> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>		<b>Multiple Dependent Claims</b>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																			
_____	_____	_____	_____																			
<b>Multiple Dependent Claims</b>																						
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																					
_____	_____																					
HP = highest number of total claims paid for. If greater than 20																						
<table style="width: 100%;"> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____	_____	_____								
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_____	_____	_____	_____																			
HP = highest number of independent claims paid for. If greater than 3																						
<b>3. APPLICATION SIZE FEE</b>																						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																						
<u>Total Sheets</u>		<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																
_____		_____	_____		_____	_____																
- 100 = _____		/50	(round up to a whole number) x _____		= _____																	
							<b>Fees Paid (\$)</b>															
<b>4. OTHER FEE(S)</b>																						
Non-English Specification, \$130 fee (no small entity discount)																						
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							790.00															

<b>SUBMITTED BY</b>		Registration No	29,680	Telephone	(703) 205-8000
Signature		Name (Print/Type)		December 6, 2006	
Name (Print/Type)		Michael K. Mutter			